PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10812012

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY			R THAN
TOTAL CLAIMS			12	12		Column 21		TYPE		OF		L ENTITY
FOR			1/4	1/2				RATE	FEE	—	RATE	FEE
			+	NUMBER FILED		NUMBER EXTRA		BASIC FE	E 385.0	OF	BASIC FE	E 770.00
TOTAL CHARGEABLE CLAIMS				ninus 20=	•			XS 9=	:	OR	XS18=	
INDEPENDENT CLAIMS			9 minus 3 = *		4	6	11	X43=		OR	X86=	5/6
М	ULTIPLE DEPI	ENDENT CLAIM I	PRESENT	·				+145=		OR		TO A B
* 11	f the differenc	ce in column 1 is	s less than :	zero, enter	"0" in (column 2	- 1	TOTAL		OR		1286
1	ML LACLAIMS AS AMENDED - PART II									70"	•	THAN
	Andt	(Column 1)	(Column 2) (Column 3)				SMALL	ENTITY	OR		ENTITY	
AMENDMENT A	3.30-8	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
NON	Total	12	Minus	- 6	70	= / /		X\$ 9=		OR	X\$18=	
AME.	Independent	1. 9	Minus		9_	-	_F	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	47	DA
								+145=	<u> </u>	OR	+290≟	
		(Column 1)		(Calvery	- O) ·	(0 -1 0)	Αſ	DDIT. FEE	<u> </u>	JOR ,	ODIT. FEE	<u> </u>
		CLAIMS		(Columi HIGHE		(Column 3)						·
AMENDMEN! B		REMAINING . AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA	L	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
֪֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***			T	X43=	•	OR	X86=	
	FINST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	LAIM	·		145=	<u> </u>	OR	+290=	
								TOTAL	, .	L	TOTAL	
(Oalissa 1)								DIT. FEE L	****	OR A	DOIT, FEE	
T	`	(Column 1) CLAIMS		(Column HIGHES	_	Column 3)		·		_		
		REMAINING . AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	SLY	PRESENT EXTRA	F		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
1	Total .	•	Minus	••		-	,	(\$ 9=		OR	X\$18=	
⊢	ndependent		Minus	***		=		(43=		F		
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR -	X86=	
lf t	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR L	+290=	•
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter 20.											TOTAL DIT. FEE	
ın	· rignest Numl	per Previously Paid	ror (Total or I	ndependent)	is the hi	ghest number fo	ound i	n the appro	ppriate box	in colun	n 1.	
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